

117000000000000000000000

WYO-117(11/07)

Pay Order Counter Claim

Name: _____

SSN: _____ BYE: _____ LO #: _____

Week 1 Ending Date: _____ Week 2 Ending Date: _____

Claimants filing by mail or fax should use the address or fax number on the back of this form. Claimants can also call in their pay order to (307) 473-3789 or file by internet at <http://wyuicc.wyoming.gov> If you file by telephone or internet, do **NOT** mail this form back. Keep it for your records. The week begins at 12:01 am Sunday and ends at midnight on the Saturday ending date. If your mailing address has changed, fax or mail in your new address. **Remember to sign at the bottom of this page, otherwise your claim will be invalid.**

	Week 1		Week 2	
	Yes	No	Yes	No
1. Did you work during this week? If YES, complete section 1.	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/>
2. Were you able and available for work? If NO, complete section 3 on the back.	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>
3. Did you actively seek work with two (2) or more employers this week according to the Wyoming Unemployment Rules? (See your handbook).	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/>
4. Did you refuse any job offers or job referrals during the week? If YES, explain in section 3.	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 4	<input type="checkbox"/>
5. During this week did you receive any vacation, severance, sick leave, bonus or did you have a change in retirement? If YES, complete section 2 on the back.	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/>
6. Did you travel away from home for reasons other than work for more than two (2) days? If YES, complete section 3.	<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/> 6	<input type="checkbox"/>
7. During this week did you attend school or training? If YES, explain in section 3.	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/> 7	<input type="checkbox"/>

If you return to work full-time, complete section 4 on the back.

Section 1: For each week enter hours worked and gross earnings before deductions (include self-employment).

Employer Name and Address: _____							
WEEK 1 Total hours worked: _____ Gross Earnings: _____ Self-employed: Yes _____ No _____							
Work Status: <input type="checkbox"/> Still Working <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired							
Circle Days Worked: Sunday Monday Tuesday Wednesday Thursday Friday Saturday							

Employer Name and Address: _____							
WEEK 2 Total hours worked: _____ Gross Earnings: _____ Self-employed: Yes _____ No _____							
Work Status: <input type="checkbox"/> Still Working <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired							
Circle Days Worked: Sunday Monday Tuesday Wednesday Thursday Friday Saturday							

I certify that all statements on this claim (front & back) are true to the best of my knowledge. I am not receiving benefits from any other state. I know that the law provides penalties for false statements.

Claimant's Signature: _____ Date: _____

Pay Order Counter Claim

Name: _____

SSN: _____ BYE: _____

Section 2-Other Income:

	Severance/Termination	Vacation Pay	Sick Pay	Social Security	Retirement	Other(explain)
Week 1						
Week 2						

Section 3-Remarks:

Travel dates:	From:		To:		

Section 4: If you returned to work full-time, explain below.

Employer's name and address:	
Date you returned to work:	

Messages:

Each continued claim for Unemployment Insurance Benefits, in any period of continuous unemployment is considered filed timely if filed no later than **FRIDAY** following the second week ending date on your pay order form.

You may file by internet at <http://wyuicc.wyoming.gov>, telephone with the voice response system at (307) 473-3789 by returning this pay order to: Wyoming Dept of Employment, Unemployment Insurance Division, PO Box 2468, Casper, WY 82602, or by faxing it to (307) 473-3726. Both the front and back must be faxed in order to be accepted.